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MENTAL HEALTH TREATMENT PRACTICES WITHIN AFRICAN AMERICAN COMMUNITIES

by

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A Research Paper
Submitted in Partial Fulfillment of the Requirements for the
Master of Science

Department of Rehabilitation
in the Graduate School
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RESEARCH PAPER APPROVAL

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COMMUNITIES

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Approved by: Dr. Carl R. Flowers

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TABLE OF CONTENTS

<u>CHAPTER</u>	<u>PAGE</u>
CHAPTER 1 – Introduction.....	01
CHAPTER 2 – Review of Literature	10
CHAPTER 3 – Discussion and Limitations.....	20
REFERENCES	23
VITA	32

CHAPTER 1

INTRODUCTION

This research paper explores several textbooks and articles that report on mental health treatment practices within African American communities. The research paper will also confer lesbian, gay, bisexual, transgender/sexual, queer (LGBTQ) identities, as it relates to mental health. This research will explain how specific psychiatric disabilities can have detrimental effects on African American communities, if left untreated. Moreover, this paper will discuss how unaddressed mental health treatment barriers disrupt quality of life in terms of social support, education, and judicial systems within African American communities. Although African Americans and LGBTQ populations are different minority groups, there are similarities within groups as it relates to mental health treatment disparities that will be conferred within this document.

The author will additionally examine patterns of mental health treatment seeking behaviors within the context of racism, discrimination, and homophobia. Further discussions on the disconnect between psychiatric disabilities such as Major Depressive Disorder (MDD) and treatment options will follow. Implications are suggested within this research to increase cultural competency for providers and community members, as well as to promote independence for persons with disabilities (PWD) altogether.

Demographics

America's population of over 320 million people includes Caucasians, who make up 77.1%, African Americans account for 13.3% or 38.9 million, and Hispanics, 17.6% (United States Census Bureau, 2015). Out of the 320 million, 56 million people reported having a disability (United States Census Bureau, 2015). According to the Center for Disease Control, 1

in 4 African Americans have a disability (CDC, 2017) and recent research indicates that 10 million or (4.1%) of American adults identify as LGBT (Gates, 2017). Despite these numbers, there is significant paucity regarding health research literature on African American lesbian and bisexual women (Mays & Cochran, 1998). The lack of competence surrounding LGBTQ communities of color has had detrimental effects on the process of seeking mental health treatment.

Consideration should also be given to environmental factors regarding services for minority populations, as it relates to seeking mental health treatment. The Mayo Clinic (2015) reports that being lesbian, gay, bisexual, transgender, or queer in an unsupportive environment are factors that seem to increase the risk of developing or triggering mental disorders such as depression. Through a comparable lens, the United States Department of Health and Human Services (2001) indicated that African American individuals are at a higher risk for mental health illness due to environmental stressors of overrepresentation in homeless populations, incarceration, children in foster care, child welfare, and victims of serious violent crime. As persons begin to self-identify as having multiple identities (i.e., black, lesbian, person with a disability, etc.) it may suggest that the context of mental illness is unique to every individual. For this paper, the author will focus on mental health treatment patterns within African American communities. The discussion further highlights LGBTQ communities as it relates to mental health due to additional information needed within the human services literature.

African American Culture

African American culture is an experience. The experience itself has influenced the world globally with ethnic language, food, music, religion, scholarship, traditions, and service. African American culture includes historical context and nuances that are shared amongst

members, particularly, women. African American women have been at the forefront in cultivating their communities. Studies dating back as far as the 1920s gave insight on how African American women began to spearhead health education within their communities. For example, the 1929 Negro Health Week Activities began in Chicago, IL with African American women acting upon a need to spread awareness on health education and community resources (Brown, 1937).

Greene (2000) posits that the lives of women of color are influenced not only by the attitudes of the dominant society, but also by unique features of their own cultural history and community. Particularly, the understanding of African American women requires a concentrated examination of race, gender, and sexual orientation at multiple levels (Greene, 2000). Among those who do seek help, African Americans fall significantly behind white Americans in formal service use (Alegria et. al, 2008; Keyes et. al, 2008; Williams et. al, 2007). It was found that the experience of illness itself, including how the illness is interpreted and what meanings are attached, and the outcomes, including how individuals approach seeking help for what has been identified as an illness, are shaped by culture (Angel & Thoits, 1987; Good, 1997; Kleinman, 1980; Murray, 2001; Olafsdottir & Pescosolido, 2009). Family dynamics within African American communities is heavily influenced by generational behavior. It's equally important to consider the family dynamics, including mental health treatment seeking practices, particularly because this cultural pathway of black communion becomes salient when persons begins to identify as having a mental disability and/or identifying as LGBTQ.

Historically, LGBTQ individuals have been generally viewed as sinners, especially within African American communities, thus the term and concept of homophobia is deeply rooted within black culture. Croom (1993) and Mays & Cochran (1988) found that the African

American community is perceived by many of its lesbian members as extremely homophobic. Consideration must be given to how African Americans view and address persons in their communities whom identify as LGBTQ, as well as perceptions on PWD,

African American LGBTQ Culture

Addressing aspects of African American LGBTQ culture is a relatively colorful topic. The cultural lens through which African Americans view LGBTQ persons has a commonality of negative connotations. As noted, some black communities have demonstrated patterns of disownment toward their child/children when they begin to self-identify as LGBTQ. In a recent interview conducted by Daniel Reynolds with Advocate.com, Larry Duplechan discussed homophobia as it relates to the black community. Larry Duplechan (2015) stated:

The center of the black community is the black church, and that changes everything. So coming out in the black community is like trying to come out as an Orthodox Jew. You'll lose your family. You'll lose your culture. You'll lose your community, because usually, you are ejected. Even now, that's true" (para. 22).

Generational behaviors of disownment for some African American families has led to non- supportive actions taken by families such as ostracizing, belittlement, and marginalization toward their children has lasting effects on the child whom may experience mental health issues as they transition into adulthood. Researchers further address the lack of support within black communities as it relates to accepting persons whom identify as LGBTQ by suggesting that acceptance of lesbian sexual orientations may be inconsistent with the dominant cultures ideal, as lesbians may be experienced as an embarrassment by African Americans who strongly identify with the dominant culture (Cohen, 1999; Poussaint, 1990; West, 1999). It is suggested that both African Americans and LGBTQ groups experience similar discriminatory behaviors in terms of mental health treatment. Since culture has an impact on an individual's mental health experiences and behaviors, it can be viewed as a social determinant of mental and behavioral

health (Murray, 2001). We can conclude that exposure to cultural homophobia can lead to mental health challenges within African American and LGBTQ communities.

Background of the Problem

Mental health treatment seeking behaviors within African American communities has been a significant concern of the United States of America for decades. African Americans have experienced multigenerational oppression that has led to racial disparities across several indices of well-being, including but not limited to social and political powerlessness (Pinderhughes 1990); low wages, high unemployment rates, and educational deprivation (Winbush 2003); capped income, (Carter 1991); and lastly distorted standardized test scores, higher prison enrollment and crime victimization rates (Loury 2002). While America is now being acknowledged as a melting pot of different races, ethnicities, and orientations, there is still a staggering historical pattern of minority groups such as African Americans and LGBTQ individuals being treated egregiously when seeking mental health treatment, specifically in the context of racism and discrimination. Per Loue and Sajatovic (2009) racial and ethnic minorities are less likely than their white counterparts to receive mental health services.

According to Marger (2012), racism is an ideology, or belief system, designed to justify and rationalize racial and ethnic tension, whereas discrimination is behavior aimed at denying members of an ethnic groups' equal access of societal rewards. Defining both concepts of racism and discrimination in the beginning is vital as they provide the lens through which our focus on the racist and discriminatory acts within black mental health care can occur.

Bell (2010) suggested since distress is relatively subjective and exclusive to everyone, health care practitioners should consider how multifaceted culture, sexual orientation, disability, race, age, ethnic group, religion/spirituality, and socioeconomic status is to the specific type of

systemic oppression and discrimination experienced by an individual whom has a mental illness. Discussion surrounding systemic oppression and discrimination matter, given the fact that persons with mental illness are frequently portrayed as less competent, childlike, and violent (Wahl, 1995), and such views about mental illness may lead to discriminatory practices. For example, people are less likely to hire persons who are labeled mentally ill (Bordieri & Drehmer, 1986), less likely to lease mentally ill persons an apartment (Farina et al., 1974), and more likely to falsely press charges against them for violent crimes (Sosowsky, 1980; Steadman, 1981).

Purpose and Objectives of the Paper

This research seeks to examine mental health treatment seeking practices within African American LGBTQ communities, and to offer strategies that are discussed in current literature. The process will involve a review of the existing literature that has been published by persons within the mental health field. The author will therefore examine mental health seeking treatment behaviors experienced predominantly by African Americans. The author will also compare similar mental health treatment disparities experienced by African Americans and LGBTQ groups. The author will therefore seek to address the following questions:

- What does mental health treatment seeking behaviors look like for African American persons?
- What treatment options are available for persons within African American communities?
- What are some considerations for Rehabilitation Counselors serving their African American and LGBTQ consumers?

The author aims to address these questions by examining the relevant research and the services that are necessary to ensure appropriate quality of care for African Americans seeking mental health treatment. Another objective embedded in this literature review is to provide

rehabilitation counselors with additional knowledge and skills to serve clients whose disabilities are in some way linked to the discrimination that they have experienced by others. It is proposed that such knowledge will render creative strategies that will aid clients in developing the necessary coping skills to diffuse stress or assisting them in acquiring resources to handle environmental stressors in their everyday lives. Finally, the opportunity exists for this paper to be used by rehabilitation counselors who are interested in a multicultural perspective in dealing with minority clients who want to gain additional knowledge on LGBTQ mental health treatment seeking behaviors for POC.

Significance of the Issue

Studies dating back to the 1970s gave insight into perspectives on correlations between homosexuality and mental health disorders. Stein (1993) indicated that if we reflect to the early 1970s, most Americans presumed that homosexuality was psychopathologic. The Merriam-Webster Dictionary (2005) defines psychopathology as the study of psychological and behavioral dysfunction occurring in mental illness or in social organization. Studies including Cochran, (2001); Fife & Wright, (2000); Otis & Skinner, (1996); and Haldeman (1991) have found direct links between African Americans and psychiatric disabilities.

Recent statistics suggest that African Americans were more likely than any other race to have an episode of care in a psychiatric emergency department of an inpatient facility (Heath Services Research, 2015). This is a significant problem since a large portion of African American persons are misdiagnosed when it comes to mental disorders. Although African Americans are considered the majority within psychiatric emergency departments, they are simultaneously considered the minority when it comes to representation as mental health providers. This comparison is vital to note given the fact that per an Annapolis Coalition report,

approximately 90% of mental and/or behavioral health professionals are non-Hispanic or White (Annapolis Coalition, 2007). Clearly, there has been a staggering underrepresentation in terms of people of color (POC) seeking mental health treatment and POC providing treatment services. Moreover, attention should also be given to the significant correlations between mental disorders and suicide rates. Fergusson et. al, (2005) suggest that the link between mental health and suicidality has been shown to be more pronounced among lesbian, gay, and bisexual individuals. Predictors of mental disorders such as suicidal ideations are a rising concern as we begin to conceptualize mental health treatment seeking behaviors within African American and LGBTQ populations.

Definition of Terms

Culture - The integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations; the customary beliefs, social forms, and material traits of a racial, religious, or social group; the characteristic features of everyday existence, such as diversions or a way of life, shared by people in a place or time and the set of shared attitudes, values, goals, and practices that characterizes an institution or organization (Merriam-Webster Collegiate Dictionary, 2005).

LGBTQ - The acronym LGBTQ stands for lesbian, gay, bisexual, transgender, and queer. A lesbian can be described as a woman who's attracted mentally and physically attracted to women. A gay person is an umbrella term for persons who are homosexual. Bisexual refers to persons of both sexes that are attracted to the same sex and opposite sex individuals. Transgender refers to the process that persons take to conform to their gender identity, verses their biological sex. Queer is another umbrella term that refers to a

person that identifies as gay, lesbian, bisexual, pansexual, transgender, or gender-fluid.

The usage of the word queer typically avoids any specific labeling (LGBTQIA Resource Center Glossary, 2017).

Mental Health - According to the World Health Organization (2014), mental health can be defined as the state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her society.

Mental Disorder - A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities (American Psychiatric Association, 2013).

Racism - The Merriam-Webster Collegiate Dictionary (2005) defines racism as the belief that all members of each race possess characteristics or abilities specific to that race, to distinguish it as inferior or superior to another race or races.

Stigmatization - Stigmatization is a degrading and debasing attitude of the society that discredits a person or a group because of an attribute (i.e., illness, deformity, color, nationality, etc.). It causes an individual to be mentally classified by others in an undesirable rejected stereotype rather than in an accepted, normal one.

CHAPTER 2

LITERATURE REVIEW

The past decades have witnessed the emergence of research on mental health treatment within African American communities. Strides have been taken to address disparities between mental illness and treatment options, particularly within communities of color. Recent statistics indicate that 18.6% of African American adults are living with a mental health condition (NAMI, 2017). The Center of Disease Control (2017) also found that 1 in 4 African Americans have a disability (CDC, 2017). The study conducted by Alvidrez, Snowden, & Kaiser (2008) link race, stigma, and low service utilization among African Americans as one interdependent relationship, which suggests that varying constructs affect how a person seeks mental health treatment. Bhui (2002) also suggests links between racism, education, employment, and economic status, as it relates to African Americans. As stated by Bhui (2002):

Unlike personal racism (which is blatant and relatively easy to identify and condemn), institutionalized racism is subtle and hard to pin down (because it is unthinking and free of personal prejudice or intention) is too often discounted or ignored. Thus, it continues to go largely unchecked, with widespread and pervasive effects on black people's social, educational, and employment opportunities, their economic situation and the way they are treated within public services. (p. 73)

The research gathered by Bhui (2002) reveal that the behavior of unchecked racism has long lasting mental effects on communities of color. Some would inevitably argue that racism is a social construct. Social constructs, like gender stereotypes and roles, possess major influence within African American culture. Graine (2010) redefined gender stereotypes in his study by revealing that gender stereotypes are beliefs about what it means to be male or female in terms of physical appearance, attitudes, interests, psychological traits, social relationships and occupations. Gender roles refer to the way particular behaviors and activities are not only encouraged as gender-appropriate on the basis of these stereotypes, but become institutionalized

in the structural arrangements of a society (West & Zimmerman, 1987, p. 128). The paradigm through which African Americans engage in gender stereotypes and roles has led to significant research interest in examining the impact of sex and gender on psychiatric illness and psychosocial quality of life (Loue & Sajatovic 2009). Hence, the mental health treatment seeking behaviors within African American communities are more debilitating than it appears since such behaviors are left unaddressed, which further contributes to ongoing mental health conditions.

Mental Health Treatment Seeking Behaviors

Mental health treatment seeking behaviors is conceptualized differently within communities of color. Too often, it is the most urgent and restrictive care settings, such as jails, drop-in centers, temporary shelters, and urgent care, where many of African Americans' mental health issues come to the attention of mental health and human service professionals (Maschi, Hatcher Smith, Schwalbe, & Rosato, 2008; Snowden, 2001). Loue & Sajatovic (2009), posit that conceptualization of mental illness will, in great part, dictate whether and when an individual might seek mental health care. Variables such as socioeconomic status, race, disability status, and religion contribute to how persons engage in mental health treatment. Other considerations include cultural factors and strategies to cope with stress; the family and social support structure and the individual's reliance on it; the degree of assimilation by minorities or acculturation by immigrants to the dominant culture; knowledge of mental health resources; and ability to access those services through insurance coverage (Loue & Sajatovic 2009). Further, because symptoms are somaticized and because of the belief that mental disorders are linked to organic factors, help is sought from general medical professionals or alternative healers, rather than mental health providers (Leong & Lau, 2001).

African Americans have patterns of seeking informal mental health assistance from family and friends and prefers indirect assistance, general encouragement, and prayers (Snowden, 2001). Likewise, LGBTQ individuals may choose to seek help through informal networks within their community due to fear of encountering anti-LGBTQ bias (Willging, Salvador, & Kano, 2006). Loue & Sajatovic (2009) support this concept by indicating that previous negative experiences with the health care system are likely to greatly influence future help-seeking behaviors. Attention should be given to past experiences as predictors of African Americans, and LGBTQ persons seeking medical assistance. The context surrounding stigma, social support, education, and judicial systems and how these variables relate to mental health treatment in minority communities deserves great attention.

Stigma

Mental health treatment seeking behaviors in some communities are hindered by feelings of shame and stigmatization (Loue & Sajatovic, 2009). According to Corrigan and Watson (2002), the stigma of mental illness manifests itself in two ways that can be detrimental to the well-being of individuals living with mental illness through public stigma and internalized stigma.

Stigma may also be a factor that influences treatment seeking behaviors and which may, in part, account for evident disparities (NAMI, 2016). Understanding the role of stigma and the rates of mental health service utilization may be particularly important in early intervention, access to services, and treating MH conditions. For instance, the fear surrounding “coming out” and being discriminated against for sexual orientation and gender identities, can lead to depression, posttraumatic stress disorder, thoughts of suicide and substance abuse (NAMI,

2016). As a community, LGBTQ individuals do not often talk about mental health due to environmental stressors and may lack awareness about mental health conditions altogether.

Comparingly, in many Black communities, the concept of mental health is misunderstood, which results in mental health issues being unaddressed. A qualitative analysis of an Afro-Caribbean community revealed that experiences of mistreatment and social exclusion by mental health professionals discouraged members from accessing mental health and substance abuse services. Furthermore, obtaining medical assistance poses a significant concern within minority populations. Berzon (1988) revealed the following condition as it relates to same sex couples experiencing legal assistance:

A second condition undermining same-sex couple life has been the absence of the legal sanctions and social acceptance that heterosexual marriages enjoy. The absence of a legal foundation for the partnership cheats the gay or lesbian couple of insurance benefits, tax breaks, spousal discounts, and other practical rewards that are forthcoming to the heterosexually married couple. (p. 11)

Loue and Sajatovic (2009) also indicate that the lack of benefits for same sex partners in many cases may represent a barrier to care. Both Berzon (1988) and Loue and Sajatovic (2009) collectively suggest that there is a disconnect between specific minority groups and access to medical assistance. Realities of historical injustices add context for African Americans behaviors toward healthcare professionals. One major reason for this unfortunate reality is ironically due to issues of trust and well-documented cases of medical industry mistreatment of African Americans (Bell, 2004; Briggs, 2004; Byrd & Clayton, 2000, 2002).

The Syphilis Tuskegee Study

The Syphilis Tuskegee Study of 1932 have greatly shaped how African Americans, particularly black men, seek any type of medical assistance. According to the Center for Disease Control (2017), the following is a snapshot of the U. S. Public Health Service Syphilis Study at Tuskegee:

In 1932, the Public Health Service, working with the Tuskegee Institute, began a study to record the natural history of syphilis in hopes of justifying treatment programs for blacks. It was called the “Tuskegee Study of Untreated Syphilis in the Negro Male.” The study initially involved 600 black men – 399 with syphilis, 201 who did not have the disease. The study was conducted without the benefit of patients’ informed consent. Researchers told the men they were being treated for “bad blood,” a local term used to describe several ailments, including syphilis, anemia, and fatigue. In truth, they did not receive the proper treatment needed to cure their illness. In exchange for taking part in the study, the men received free medical exams, free meals, and burial insurance. Although originally projected to last 6 months, the study went on for 40 years. The men were never given adequate treatment for their disease. Even when penicillin became the drug of choice for syphilis in 1947, researchers did not offer it to the subjects. The advisory panel found nothing to show that subjects were ever given the choice of quitting the study, even when this new, highly effective treatment became widely used. (para. 1, 2 & 5)

The Syphilis Tuskegee Study resulted in generations of African Americans lacking trust in medical professionals. In a recent article published by the Associated Press (2017), there is discussion in terms of how relatives of the men in the Syphilis Tuskegee Study are currently struggling with the stigma attached to the experiment. African Americans have exuded patterns of confiding in their friends, family, and church members for social support.

Social support

Social support is highly regarded amongst African Americans. When we examine social supports within African American communities, we find that a trend of informal support catapults formal support. For instance, it is a rarity that African Americans prefer counseling with a mental health professional over counseling with their religious figures. Over the past several decades, the relation between social support, mental health, and well-being has been investigated (Loue & Sajatovic, 2009). Social support can also look different as we discuss this concept in terms of sexual orientation, gender, and race. In examining the functions of social support, researchers have studied individuals’ perceptions regarding the level of different types of social support they receive (Loue & Sajatovic, 2009), which is needed for African American communities.

Social Support Tools

There are assessments available that aid in social support development and research. Social support assessments began appearing in the literature during the 1970s. One social support measure that emerged during this time included The Social Support Questionnaire (SSQ). The SSQ evaluates satisfaction with support across twenty-seven situations, each of which requires a two-part answer: A list of the people who provide support in the specified circumstances and a rating of satisfaction with that support. The SSQ and other applicable assessments can be utilized by rehabilitation counselors and other healthcare professionals during the initial mental health screenings to aid in conversations surrounding treatment options. Further, rehabilitation counselors can utilize social support tools to educate themselves and their clients.

Education

There is growing documentation that mental health treatment behavior has impacted the lives of persons across a wide array of areas such as education (McLeod, Uemura & Rohrman 2012), employment (Mascaro et. al, 2007), and the judicial system (Loue & Sajatovic 2009). Despite more than thirty years of attention and debate on the topic, evidence suggests that disproportionate representation of minorities in special education remains (Skiba, Knesting, & Bush, 2002). While there have been some reforms with equality of education for persons of color battling mental illnesses, studies have shown that discrimination itself has not been eradicated from educational institutions or judicial systems.

Judicial System

Barriers to mental health services for African Americans are not only tied to the effects of institutionalized racism, but are also greatly influenced by incarceration. African Americans

are susceptible to health disparities as a result of drug felony convictions that preclude them from obtaining employment (Iguchi, Bell, Ramchand, & Fain, 2005). When situations of inequality occur, patterns of behavior tend to develop and spread across communities. A report completed by the Surgeon General found that mental health services are less available to minorities, minorities have less access to mental health services, and the quality of mental health services that minorities receive is likely to be of comparatively poor quality. The disparities in the availability of services are attributable to cost, fragmentation of services, stigma associated with mental illness, mistrust, and fear of treatment, racism and discrimination, and differences in language and communication (United States Department of Health and Human Services, 1999). Research also indicates that historically and in recent years, access to public mental hospitals meant involuntary confinement for African Americans, with the additional burden of being homeless (Snowden, 2001).

Lack of treatment increases the likelihood that a person with active mental illness will struggle with housing, employment, and criminal activity. Available statistics confirm that, like racial minorities, individuals with mental illness are disproportionately represented in the criminal justice system in the United States (Loue & Sajatovic 2009). Police officers have been found to be twice as likely to arrest someone who appears to have a mental illness in comparison with an individual engaging in the same behavior who does not appear to be mentally ill (Bernstein & Seltzer, 2003). The National Institute of Mental Health (2016) indicate that depression is a common and severe mood disorder.

Major Depressive Disorder

Major Depressive Disorder (MDD) has always been a challenging health issue, particularly within African American communities. Historical documents written by healers and

philosophers throughout the centuries point to the long-standing existence of Depression as a health issue, however, the African American community may experience more negative mental health outcomes such as MDD due to prejudice and other biases. Mental disorders like MDD can compromise a person's lifespan development by presenting a barrier to a person's quality of life, especially as it relates to education, employment, and social support.

According to the most recent statistics published by the Anxiety and Depression Association of America (2016), MDD is the leading cause of disability in the U.S. for ages 15 to 44.3, therefore, MDD affects more than 15 million American adults, or about 6.7 percent of the U.S. population. While Major Depressive Disorder can develop at any age, the median age at onset is 32.5. More recently, the fields of clinical psychology and public health have begun to link stigma-related stressors to adverse mental and behavioral health outcomes across several stigmatized groups, including African Americans (Williams, Neighbors, & Jackson, 2007), the overweight and obese (Brownell, Puhl, Schwartz, & Rudd, 2005), and the lesbian, gay, and bisexual (LGB) population (Meyer, 2003).

Several studies suggest that LGBTQ individuals appear to have higher rates of some mental disorders compared to their heterosexual counterparts. Villena and Chesla (2010) found that competing symptoms in a patient who is uncommunicative and unknown to a provider present risks for misdiagnosis. Qualitative research suggests that more than 90 % of suicides are associated with mental disorders (Spirito & Esposito-Smythers, 2006) and, as is the case with heterosexual youth, they may increase risk among their LGBTQ counterparts. According to Mustanski and Liu (2013) in examining the role of general risk factors for suicide in LGBTQ youth, the authors found symptoms of Depression, hopelessness, and impulsivity to be correlated with lifetime history of suicide attempts. As we discuss MDD within African American

communities, we can begin to bridge the gap between early intervention and appropriate mental health treatment options.

Mental Health Treatment Options

There are conducive treatment options available for African Americans battling mental health conditions. While formal therapy may not be an African Americans preference for treatment, research dating back into the 1970s support the perception that persons of color are more open to seeking and receiving treatment from a professional who looks like them. Another form of treatment available for persons suffering from psychiatric disabilities are prescription medications. Anti-depressants, anti-psychotics, and mood stabilizers are common medications prescribed by psychiatrists for persons experiencing mental illness. Most importantly, church has been the most sought-after treatment option for African Americans seeking mental health treatment.

Alternate Treatment Options

Churches and other spiritual settings openly provide treatment for mental health conditions within African American communities, nevertheless, one could argue that the cultural practice of “praying away” a person’s disability or sexual orientation posits detrimental concerns for the mental health condition itself. For example, the disconnect between a woman choosing to identify as a lesbian and the lack of support and validation from members in her own community presents a question of credibility from community members. Pastors and preachers typically serve as counselors and mental health therapists within church settings.

Medical Treatment Options

For individuals who prefers a more medical approach for mental health services, psychological testing is another option to determine the status of one’s health. Procedures such

as screening and diagnostic tests can be utilized to verify whether a person has a psychiatric disability. Diagnostic tools such as intelligence tests, vocational assessments, and the Diagnostic and Statistical Manual (DSM-5) offer criteria that help support an accurate diagnosis. The popular website *MedScape* (2016) discusses specific tools designed to assess Depression that include the Hamilton Depression Rating Scale (HDRS), the Beck Depression Inventory (BDI), Patient Health Questionnaire (PHQ), and the Major Depression Inventory (MDI), all of which can be utilized by a qualified healthcare professional.

Barriers to mental health treatment

Recent research has suggested that specific barriers to seeking treatment stem from fear of public stigma (that the individual will be perceived or treated negatively by others), self-stigma (that the person will feel less confident or good about themselves), or feelings of shame (Britt, 2000; Corrigan, 2004; Ey, Henning, & Shaw, 2000; Pedersen & Paves, 2014). Other potential barriers discovered through research include access difficulties, financial and transportation, as well as stigma, cultural issues, discrimination and mistrust (Aldrivez & Ascra, 1999). Another prominent barrier to seeking treatment within African American communities is the access to professionals of color. Research dating back into the 1970s support the perception that persons of color are more open to seeking and receiving treatment from a professional who looks like them. Giovanni and Billingsley (1970) agree with this perception, as they contend that ethnic minority personnel are key factors in helping attract minorities to access services. Briggs and Paulson (2011) suggest that mental health professionals must be self-aware of racially biased judgments that are passed as clinically valid, within mental health treatment settings.

CHAPTER 3

DISCUSSION

According to the research that was reviewed, it was found that there is significant evidence supporting the correlations between racial discrimination and mental health treatment practices within African American communities. The research further provides insight on how minority groups such as African Americans and LGBTQ, although vastly different statistics wise, share similar mental health practices within their areas of congregation. The existing literature emphasized how variables such as cultural practices, access to resources, and disability contributed toward African Americans mental health treatment outcomes. The impact of leaving certain mental health treatment seeking behaviors unaddressed has proven to affect a person's quality of life in terms of social support, education, and overall quality of life. It's important to conceptualize the effect of discrimination on African Americans since the act discrimination itself can negatively influence a person's behavior. Namely, it is vastly needed to begin and continue intellectual conversations about what does mental health treatment seeking behaviors look like within African American communities.

The major findings indicate that the manifestations of mental health treatment greatly affect African American communities. The use of early intervention should be examined as we confer mental health treatment. Through the use of early interventions during childhood development, minor changes can have major impacts on a person's overall well-being. By targeting unhealthy mental health treatment behaviors early on, professionals can gather a better understanding of how to approach certain treatment modalities. It's equally important to explore current professionals' approaches toward servicing African Americans and discuss what has helped and hindered the mental health treatment process.

When researchers such as Bell (2010) found that African Americans may be more likely to be misdiagnosed with schizophrenia in cases where their true diagnosis is bipolar disorder or psychotic depression, it confirmed the notion that multi-cultural mental health providers are desperately needed. The field of counseling is dominated by Caucasians, therefore, training programs for Rehabilitation Counseling will benefit from recruiting students from diverse backgrounds. Overall, mental health professionals in the United States may or may not lack knowledge of African American culture, thus, this inevitably affects how African Americans seek mental health treatment. Implications for rehabilitation counselors as it relates to servicing African American populations include developing cultural competency in the form of attending cultural events, engaging in cultural sensitivity training, and traveling to diverse environments.

It may also be important for mental health service providers to acknowledge the role of prayer and religion in the lives of their African-American older adult clients, and allow their treatment to be influenced by spirituality (Givens, Kalz, Bellamy, & Holmes, 2006). This might include playing spiritual music during treatment to relieve anxiety, praying with your client or allowing them to pray during the treatment, and recognizing prayer and church attendance as part of the treatment plan. Unfortunately, America's current mental health systems do not adequately address the factors associated with the onset, digression, and maintenance of African American mental health issues (Freeman & Payne 2000), however, now is the perfect time to challenge statistics and address mental health treatment seeking behaviors within African American neighborhoods.

Limitations

The paucity surrounding literature specific to African Americans in the United States as it relates to mental health treatment seeking behaviors poses concerns for the status of mental health among this ethnic group. Due to the lack of quantitative data, there was heavy reliance on

anecdotal evidence, which can promote the risk of some form of bias. Similarly, the scarcity of literature addressing LGBTQ mental health treatment practices limits the availability of recent information, which is vital for early intervention, treatment options, and relationships between the LGBTQ community and health care providers. Further research examining the multifaceted correlations between African Americans, African Americans awareness of psychiatric disabilities, attitudes of mental health providers servicing African Americans, and outcomes of mental health treatment is needed to obtain reliable and valid data, as it relates to the mental health status and overall well-being of African American communities.

REFERENCES

- Aldrivez, J. & Azocar, F. (1999). Distressed women's clinic patients: Preferences for mental health treatments and perceived obstacles. *General Hospital Psychiatry*, 21(5), 340-347.
- Alegria, M., Chatterji, P., Wells, K., Cao, Z., Chen, C., Takeuchi, D., & Meng, X. (2008). Disparity in Depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services*, 59, 1264-1272.
- Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2008). The experience of stigma among black mental health consumers. *Journal of Health Care for the Poor and Underserved*, 19, 874-893.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Angel, R., & Thoits, P. (1987). The impact of culture on the cognitive structure of illness. *Culture, Medicine, and Psychiatry*, 11, 465-494.
- Annapolis Coalition. (2007). An action plan for behavioral health workforce development: A framework for discussion. Substance Abuse and Mental Health Administration. Retrieved from <http://www.apa.org/about/gr/issues/workforce/disparity.aspx>
- Anxiety and Depression Association of America. (2016). *Facts and statistics*. Retrieved from <http://www.adaa.org/about-adaa/press-room/facts-statistics>
- Associated Press. (2017). *Generations later, the effects of the Tuskegee study linger*. Retrieved from <https://www.statnews.com/2017/05/10/tuskegee-syphilis-study/>
- Bell, C. C. (2004). *The sanity of survival*. Chicago, IL: Third World Press.
- Bell, C. C. (2010). Determinants of Minority Mental Health and Wellness. *Journal of the American Medical Association*, 303(6), 564-565.

- Bernstein, R., & Seltzer, T. (2003). Criminalization of people with mental illnesses: The role of mental health courts in system reform. *D.C. Law Review*, 7, 143-162.
- Berzon, B. (1988). *Permanent partners: Building gay and lesbian relationships that last*. New York, NY: Penguin Group
- Bhui, K. (2002). Racism and mental health: Prejudice and suffering. *Minority Mental Health Services*. Great Britain: Jessica Kingsley Publishers.
- Bordieri, J., & Drehmer, D. (1986). Hiring decisions for disabled workers: Looking at the cause. *Journal of Applied Social Psychology*, 16, 197–208.
- Briggs, H. E. (2004). African American mental health commission report: Assessment for cultural specific mental health service systems of care. *African American commission on mental health*, 1–60. Portland, OR.
- Briggs, H. E., Briggs, A. C., Miller, K. M., & Paulson, R. I. (2011). Combating persistent cultural incompetence in mental health care systems serving African Americans. *Best Practice in Mental Health*, 7(2), 1-25.
- Britt, T. W. (2000). The stigma of psychological problems in a work environment: Evidence from the screening of service members returning from Bosnia. *Journal of Applied Social Psychology*, 30, 1599–1618.
- Brownell, K. D., Puhl, R., Schwartz, M.B., & Rudd, R. (2005). *Weight bias: Nature, consequences, remedies*. New York. Guilford.
- Brown, R. C. (1937). The National Negro Health Week movement. *Journal of Negro Education*, 6, 553-564.
- Byrd, W. M., & Clayton, L. A. (2000). An American health dilemma: A medical history of African Americans and the problem of race, beginnings to 1900. Philadelphia: Routledge.

- Byrd, W. M., & Clayton, L. A. (2002). *An American health dilemma: Race, medicine, and health care in the United States, 1900–2000*. Philadelphia: Taylor & Francis Group.
- Carter, S. L. (1991). *Reflections of an affirmative action baby*. New York, NY: Basic Books.
- Center for Disease Control and Prevention. (2017). U.S. Public Health Service Syphilis Study at Tuskegee. The Tuskegee Timeline. Retrieved from <https://www.cdc.gov/tuskegee/timeline.htm>
- Cochran, S. D. (2001). Emerging issues in research on lesbians' and gay men's mental health: Does sexual orientation really matter? *American Psychologist*, 56, 931-947.
- Cohen, C. (1999). *The boundaries of Blackness: AIDS and the breakdown of black politics*. Chicago: University of Chicago, Press.
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59, 614–625
- Corrigan, P., & Watson, A.C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and practice*, 9, 35–53.
- Croom, G. (1993). The effects of a consolidated versus non-consolidated identity on expectations of African American lesbians selecting mates: A pilot study. Unpublished doctoral dissertation, Illinois School of Professional Psychology, Chicago, IL.
- Diagnostic and Statistical Manual of Mental Disorders. (2013). American Psychiatric Association (5th ed.). Washington, D.C.
- Ey, S., Henning, K. R., & Shaw, D. L. (2000). Attitudes and factors related to seeking mental health treatment among medical and dental students. *Journal of College Student Psychotherapy*, 14, 23–39.
- Farina, A., Thaw, J., Lovern, J., & Mangone, D. (1974). People's reaction to a former mental patient moving to their neighborhood. *Journal of Community Psychology*, 2, 108–112.

- Fergusson, D. M., Horwood, L. J., Ridder, E. M., & Beautrais, A. L. (2005). Sexual orientation and mental health in a birth cohort of young adults. *Psychological Medicine*, 35, 971–981. <http://dx.doi.org/10.1017/S0033291704004222>
- Fife, B. L., & Wright, E. R. (2000). The dimensionality of stigma: A comparison of its impact on the self of persons with HIV/AIDS and cancer. *Journal of Health and Social Behavior*, 41, 50-67.
- Freeman, H., & Payne, R. (2000). Racial injustice in health care. *New England Journal of Medicine*, 342, 1045–1047.
- Gates, J. G. (2017). In US, more adults identifying as LGBT. *Social Issues*. Retrieved from <http://news.gallup.com/poll/201731/lgbt-identification-rises.aspx>
- Giovanni, J., & Billingsly, A. (1970). Child neglect among the poor: A study of family delinquency and families of three ethnic groups. *Child Welfare*, 40, 196–206.
- Givens, J.L., Kalz, I.R., Bellamy, S., & Holmes, W.C. (2006). Stigma and the acceptability of depression treatments among African Americans and Whites. *JGIM: Journal of General Internal Medicine*, 22, 1292–1297.
- Good, B. J. (1997). Studying mental illness in context local, global or universal, *Ethos*, 25, 230-248.
- Grainé, M. A. (2010). Gender stereotype conformity and age as determinants of preschoolers' injury-risk behaviors. *Accident Analysis & Prevention*, 42(2), 726-733.
- Greene, B. (2000). African-American lesbian and bisexual women. *Journal of Social Issues*, 56, 239-249.
- Haldeman, D. C. (1991). Sexual orientation conversion therapy for gay men and lesbians: A scientific examination.

- Hollingshead, A., & Redlich, F. (1958). Social class and mental illness. New York: Wiley.
- Iguchi, M. Y., Bell, J., Ramchand, R. N., & Fain, T. (2005). How criminal system racial disparities may translate into health disparities. *Journal of Health Care for the Poor and Underserved*, 16(4), 48–56. Retrieved from <http://dx.doi.org/10.1353/hpu.2005.0114>.
- Keyes, K. M., Hatzenbuehler, M. L., Alberti, P., Narrow, W. E., Grant, B. F., & Hasin, D. S. (2008). Service utilization differences for Axis I psychiatric and substance use disorders between while and black adults, *Psychiatric Services*, 59, 893-901.
- Kleinman, A. (1980). Major conceptual and research issues for cultural psychiatry. *Culture, Medicine, and Psychiatry*, 4, 3-13.
- Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services*, 32(3), 567-578.
- LGBTQIA Resource Center Glossary. (2017). The Regents of the University of California, Davis. Retrieved from <https://lgbtqia.ucdavis.edu/educated/glossary.html>.
- Loue, S., & Sajatovic, M. (Eds). (2009). Determinants of minority mental health and wellness. Springer Science. Doi:10.1007/978-0-387-75659-2-3
- Loury, G. C. (2002). *The Anatomy of Racial Inequality*. Cambridge, MA: Harvard University Press.
- Marger, M. (2012). Racial and ethnic relations: American and global perspectives (9th ed.). Belmont: Wadsworth.
- Mascaro, N., Arnette, N. C., Santana, M. C., & Kaslow, N. J. (2007). Longitudinal relations between employment and depressive symptoms in low-income, suicidal African American women. *Journal of Clinical Psychology*, 63(6), 541-553.

- Maschi, T., Hatcher Smith, S., Schwalbe, C. S., & Rosato, N. S. (2008). Mapping the social service pathways of youth to and through the juvenile justice system: A comprehensive review. *Children and Youth Service Review*, 30, 1376–1385.
- Mayo Clinic. (2015, July 25). Disease and conditions: Depression (Major Depressive Disorder). Retrieved from <http://www.mayoclinic.org/diseasesconditions/Depression/basics/causes/condition-20032977>
- Mays, V., & Cochran, S. (1988). The black women's relationship project: A national survey of black lesbians. In M. Shernoff & W. Scott (Eds.). *The sourcebook on lesbian/gay health care* (2nd Ed.), p. 54-62. Washington, DC: National Lesbian and Gay Health Foundation.
- McLeod, J. D., Uemura, R., & Rohrman, S. (2012). Adolescent mental health, behavior problems, and academic achievement. *Journal of Health and Social Behavior*, 53(4), 482-497. doi:10.1177/0022146512462888
- Medscape. (2016, January 27). Screening Tests for Depression. Retrieved from <http://emedicine.medscape.com/article/1859039-overview>
- Merriam-Webster Collegiate Dictionary (11th ed.). (2005). Springfield, MA: Merriam-Webster.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.
- Murray, C. B. (2001). Culture as a determinant of mental health. In N. J. Smelser & P. B. Baltes (Eds.). *International Encyclopedia of the Social and Behavioral Sciences* (pp. 3143-3147). Amsterdam: Pergamon Press.
- Mustanski, B., & Liu, R. (2013). A Longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of Sexual Behavior*, 42(3), 437-448. doi:10.1007/s10508-012-0013-9

- National Alliance on Mental Illness. (2016). LGBTQTQ. Retrieved from <https://www.nami.org/Find-Support/LGBTQTQ>
- National Institute of Mental Health. (2016). Depression. Retrieved from <https://www.nimh.nih.gov/health/topics/depression/index.shtml>
- Olafsdottir, S., & Pescosolido, B. A. (2009). Drawing the line: The cultural cartography of utilization recommendations for mental health problems. *Journal of Health and Social Behavior*, 50, 228-244.
- Otis, M. D., & Skinner, W. F. (1996). The prevalence of victimization and its effect on mental well-being among lesbian and gay people. *Journal of Homosexuality*, 30, 93-121.
- Pedersen, E. R., & Paves, A. P. (2014). Comparing perceived public stigma and personal stigma of mental health treatment seeking in a young adult sample. *Psychiatry Research*, 219, 143–150.
- Pinderhughes, E. (1990). Legacy of slavery: The experience of black families in America. In M. P. Mirkin (Ed.), *The Social and Political Contexts of Family Therapy* (p. 289–305). Boston, MA: Allyn & Bacon.
- Poussaint, A. (1990, September). An honest look at Black gays and lesbians. *Ebony*, pp. 124-126, 130-131.
- Reynolds, David. (2015, May 26). The Advocate. Why we can't talk about homophobia in the black community? Retrieved from <https://www.advocate.com/politics/2015/05/26/why-cant-we-talk-about-homophobia-black-community>.
- Skiba, R. J., Knesting, K., & Bush, L. (2002). Culturally competent assessment: More than nonbiased tests. *Journal of Child and Family Studies*, 11(1), 61-78.

Snowden, L. R. (2001). Barriers to effective mental health services for African Americans.

Mental Health Services, 3(4), 181-187.

Sosowsky, L. (1980). Explaining the increased arrest rate among mental patients: A cautionary

note. *American Journal of Psychiatry*, 137, 1602–1604.

Steadman, H. (1981). Critically reassessing the accuracy of public perceptions of the

dangerousness of the mentally ill. *Journal of Health and Social Behavior*, 22, 310–316.

Stein, T. S. (1993). *Overview of new developments in understanding homosexuality*. Review of

Psychiatry, 12, 9-40. Washington, DC: American Psychiatric Press.

Spirito, A., & Esposito-Smythers, C. (2006). Attempted and completed suicide in adolescence.

Annual Review of Clinical Psychology, 2, 237–266.

The Center for Advancing Health. Health Services Research. (2015). Retrieved from

<http://www.cfah.org/hbns/2013/blacks-and-latinos-seek-mental-health-care-less-often>

United States Census Bureau. (2015). Quick facts. Retrieved from

<http://www.census.gov/newsroom/facts-for-features/2016/cb16-ff01.html>

United States Department of Health and Human Services. (2001). Surgeon General's Report.

Mental health: Cultural, race, ethnicity. *SAMHSA*.

Villena, A L, D., & Chesla, C, A. (2010). Challenges and struggles: Lived experiences of

individuals with co-occurring disorders. *Archives of Psychiatric Nursing*. 24(2), 76-88.

doi: 10.1016/j.apnu.2009.04.006

Wahl, O.F., & Harman, C.S. (1989). Family views of stigma. *Schizophrenia Bulletin*, 15, 131–

139.

West, C. (1999). Cornel West on heterosexism and transformation. In E. Brandt (Ed.),

Dangerous liaisons: Blacks, gays and the struggle for equality, pp. 290-305. New York:

New Press.

- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, 1(2), 125-151.
- Willing, C., Salvador, M., & Kano, M. (2006). Pragmatic help seeking: How sexual and gender minority groups access mental health care in a rural state. *Psychiatric Services*, 57(6), 871-874.
- Williams, D. R., Gonzalez, H. M., Neighbors, H., Neese, R., Abelson, J. M., Sweetman, J., & Jackson, J. S. (2007). Prevalence and distribution of major depressive disorder in African Americans, Caribbean blacks, and non-Hispanic whites: Results from the National Survey of American Life. *Archives of General Psychiatry*, 64, 305-315.
- Winbush, R. (2003). *Should America pay: Slavery and the raging debate on reparations*. New York, NY: Harper-Collins.
- World Health Organization, (2014). Mental health: A state of well-being. Retrieved from http://www.who.int/features/factfiles/mental_health/en/

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